



LOS ANGELES COUNTY COMMISSION ON HIV

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COMMISSION ON HIV MEETING MINUTES June 14, 2007

APPROVED
7/12/07

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Daisy Aguirre	Hosea Alexander, Sr.	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Carrie Broadus	Cinderella Barrios-Cernik	Kyle Baker
Ruben Acosta	Alicia Crews-Rhoden	Anthony Bongiorno	Constance Chavers
Al Ballesteros	Eric Daar	Diane Brown	Maxine Franklin
Diana Baumbauer	William Fuentes	Sharon Chamberlain	Michael Green
Mario Chavez	Lee Kochems	Camila Crespo	Mary Orticke
Nettie DeAugustine	Anna Long	Azul Delgrasso	David Pieribone
Whitney Engeran	Gloria Pérez/Terry Goddard	Thanh Doan	Jane Ronde
Douglas Frye	Peg Taylor	Lisa Fisher	Sophia Rumanes
David Giugni		Christen Gibson	William Strain
Jeffrey Goodman		S. Joanne Granai	Michael Squires
Richard Hamilton		Shawn Griffin	Juhua Wu
Michael Johnson/Elizabeth Mendia		Avaceli Guzman	Dave Young
Jan King		Miki Jackson	
Brad Land		Gabriela Leon	
Davyd McCoy		Ted Liso	COMMISSION STAFF/CONSULTANTS
Ruel Nollo		Luis Lopez	
Quentin O'Brien		Richard Mathias	Virginia Bonila
Everardo Orozco		Manuel Negrete	Miguel Fernandez
Dean Page		Trip Oldfield	Jane Nachazel
Angélica Palmeros		Brenda Padilla	Glenda Pinney
Mario Pérez		Christina Ramos	Doris Reed
Wendy Schwartz		Jill Rotenberg	James Stewart
James Skinner		Natalie Sanchez	Craig Vincent-Jones
Gilbert Varela		Tania Trillo	Nicole Werner
Kathy Watt		Jay Werner	
Jocelyn Woodard/ James Smith		Jan Wise	
Fariba Younai		Patricia Woody	

1. **CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:05 a.m. Quorum was met.
 - A. **Roll Call (Present):** Acosta, Braswell, Baumbauer, Chavez, Frye, Giugni, Goodman, Hamilton, Johnson, King, Land, Page, Nollo, O'Brien, Palmeros, Schwartz, Skinner, Watt, Woodard, Younai

2. APPROVAL OF AGENDA:

MOTION #1: Approve the Agenda Order with the following changes: movement of Item 7C, HRSA Case Management Communication and accompanying Motion 3, to the Priorities & Planning Committee Item 17C1, HRSA Service Descriptions; and deferral of Items 11, B and C until arrival of Mario Pérez (*Passed by Consensus*).

3. APPROVAL OF MEETING MINUTES:

MOTION #2: Approve the minutes from the May 10, 2007 Commission meeting (*Passed by Consensus*).

4. PARLIAMENTARY TRAINING: Mr. Stewart had no comments.

5. PUBLIC COMMENT, NON-AGENDIZED: There were no general public comments.

6. COMMISSION COMMENT, NON-AGENDIZED: Mr. Page noted that May was Hepatitis C Awareness Month. He thanked all involved, especially Mario Pérez for his assistance and the JWCH Institute for providing testing at the symposium. Testing results from the symposium were: HIV, 23, all negative; gonorrhea, 6, all negative; hepatitis A, all negative; hepatitis B, 11, all negative; hepatitis C, 13, 1 positive.

7. PUBLIC/COMMISSION COMMENT FOLLOW-UP:

A. Planning Council Authority: Mr. Braswell noted that, both at Commission and committee meetings, there had been discussion about the definition of Commission priorities and allocations authority. He thanked Mario Pérez for noting that legislation specific to planning councils in the Ryan training manual clearly grants statutory authority to the Planning Council to set priorities and allocations and provide them to the Chief Elected Official, or designee, to be contractually implemented.. Mr. Engeran agreed that the memorandum was helpful and thanked OAPP and Mr. Pérez.

B. SPNs Responsibilities and Guidelines:

- Ms. Rotenberg, JWCH Institute, reported the SPNs coordinators discussed formalizing their relationships with the Commission and the PPC at SPNs Integration Meeting with OAPP and the Commission. They will also be meeting with the PPC for the same discussion.
- Guidelines for reporting at the Commission meeting were discussed and a reporting form developed.
- A written report of SPN and CAB meetings will be provided for the Commission packet starting with the July meeting.

C. HRSA Case Management Communication: This item was moved to the Priorities & Planning Committee report.

8. CO-CHAIRS' REPORT:

A. Year 17 Implementation Plan:

- Because the Plan approved last month is large and will be updated regularly, from now on it will be posted and updated on the Commission website rather than be reprinted in the packet.
- Mr. Vincent-Jones reported that outcomes and indicators developed by committees were added since last month.
- Mr. Land suggested the Plan be distributed to the SPNs to better educate agencies on the work being done.

B. Year 17 Part A Conditions of Award (COA): Mr. Braswell called attention to the COA matrix in the packet. Mr. Vincent-Jones noted the Commission does have some COA responsibilities, for which it provides requested information to OAPP, but OAPP has the primary responsibility to complete and submit them to HRSA.

9. EXECUTIVE DIRECTOR'S REPORT:

A. Additional BOS Allocation for FY 2007: Mr. Vincent-Jones noted that the BOS directed the Commission to track usage of the \$2 million that they allocated to the Department of Public Health to mitigate cuts from last year's award. As of April, \$770,000 had not yet been utilized. They need to be utilized by the end of the County fiscal year. Mr. Pérez has been advised that the Commission would send a letter to OAPP for follow-up.

10. STATE OFFICE OF AIDS REPORT: Mr. Vincent-Jones reported that Ms Taylor would not be able to attend because the State is involved in meetings regarding the reconfiguration of the Department of Public Health. She had told him that the meetings seemed promising. He had a report from her for the Commission.

A. State Budget: “May Revise”:

- The “May Revise” budget includes a shift of \$9.8 million in general funds from ADAP to other HIV-related surveillance and services like: the Therapeutic Monitoring Program (TMP), the AIDS Research and Evaluation System (ARES), and increased support for the TGAs as they transition to decreased Part A funding in 2007.
- Supplemental funds were cut for three TGAs by the following amounts: Sonoma, \$8,436; Sacramento, \$560,524; and Inland Empire, which is comprised of San Bernardino and Riverside, \$335,254. Supplemental funds were also cut for one EMA, San Francisco, by \$8.6 million, or about 35% of its budget. It is expected that some of the appropriation to mitigate funds will go to address these cuts.
- HRSA announced the Title I Part A Supplemental grant award on May 23rd. The awards are \$17.9 million less nationally than last year, with California receiving \$8.2 million less than the previous year. San Francisco received the largest individual cut in California. Six California TGAs and EMAs did receive a slight increase.
- Regarding Part B, the State Office of AIDS submitted a Minority AIDS Initiative (MAI) application for \$750,000 per year. It is expected that awards will be announced by August 1st. Part B funds must be used for education and outreach focusing on increased access to Part B ADAP and, as appropriate, other prescription drug coverage. Office of AIDS plans to use funds to maintain and expand the Bridge Project.
- Mr. Vincent-Jones also reported that Ms. Taylor relayed special appreciation for the Commission’s support in ensuring the MAI application was submitted. She was pleased by concerns of a community in which all are working to better the situation for PWH/A. The application was written by Carol Lesso, Carol Krump and Ms. Taylor in a little over a week.
- It was submitted using an application review process of which they previously been unaware. It enabled the Office to submit the application without Health and Human Services Agency or Governor’s Office review, understanding the state could refuse the funds if the conditions were contradictory to state intent. The Prevention Branch is now using this process to apply for additional funds.
- Mr. Braswell expressed the Commission’s thanks for her work.

11. OFFICE OF AIDS PROGRAMS AND POLICY REPORT: Mr. Pérez reported there has been an untrue community rumor that OAPP curbed transportation services in SPA #1. Maxine Franklin investigated the matter and was unable to find its source.

A. HIV Counseling and Testing: Ms. Rumanes, Director, Prevention Services at OAPP, made an HIV Counseling and Testing Services (HCT) presentation prepared by Constance Chavers, MSPH. HCT is a prevention service that targets high-risk individuals.

- Guidelines come from both the Centers for Disease Control and Prevention (CDC) and the State Office of AIDS (OA). OA developed certification procedures to facilitate HCT outside clinical environments. The CDC guidelines are designed for testing in public and private health care settings. Not yet funded, they support universal testing of 13 to 65-year-olds in high prevalence areas and some risk education, but not intensive client counseling
- Most OAPP-funded programs are consistent with the State HCT guidelines. These provide client-centered counseling, utilize non-licensed staff, like health educators, support an anonymous testing option and target high risk individuals. OAPP funds HCT in storefronts, courts, drug treatment facilities, jails and mobile testing units, both with and without STD testing.
- Routine testing is funded in medical settings at LAC+USC, LA Free Clinic and Clinica Oscar Romero. HIV testing is also supported in conjunction with Partner Counseling and Referral Services (PCRS) at AIDS Healthcare Foundation (AHF). HCT is also funded through, among others: County hospitals; County clinics in conjunction with the Public Private Partnerships; Public Health STD Clinics; the STD Program; and research studies sponsored through the HIV Epi and STD Programs.
- Most HCT is funded through fee-for-service, while a modified fee-for-service/cost reimbursement structure is used for jails and mobile testing unit services. Cost reimbursement is used for advancing HIV prevention programs and multiple morbidity programs.
- OAPP provides supplemental funding for HCT services. Targeted testing results in a higher rate of positives and, for that reason, the fee structure incentivizes testing for high-risk individuals. Fees range from \$45 for low-risk clients to \$270 for high-risk clients who are expected to receive more in-depth counseling.
- OAPP provides reimbursement for tests regardless of risk level or gender if the agency has properly certified counselors, bills properly and does not exceed its allocation. About 30% of tests are of women. No one should be refused testing unless they cannot give consent, e.g., due to mental capacity.
- Mr. Giugni asked if lower fees for lower-risk individuals might result, unintentionally, in lower rates of testing for women because agencies find them less cost-effective to test. Ms. Rumanes replied that the rates are based on a breakdown of the actual services rendered, for example, risk assessment, disclosure, counseling, PCRS and an administrative fee.

Commission on HIV Meeting Minutes

June 14, 2007

Page 4 of 10

- Mr. Land asked what would happen in the case of an agency that exceeds its allocation for testing. Ms. Rumanes said allocations are rarely exceeded because OAPP works with agencies to schedule utilization over the course of the contract. In most cases, agencies under-utilize their allocations. Ms. DeAugustine noted that State allocation caps are based on past utilization.
- Mr. Acosta asked if there are incentives for testing and, if so, if those differ by risk category. Ms. Rumanes replied that most agencies use incentives to ensure people who test HIV+ return for appropriate follow-up care. Mr. Acosta also asked about the dispersal of testing for women. She replied that it was fairly dispersed.
- Ms. Rumanes noted that the National HIV Testing Day would be June 27th. Los Angeles County would be participating for the 11th year and, once again, would be working with providers to expand testing for a week. Targeting is done based on zip code data, with special emphasis on African-Americans and Latinos in those areas. She noted that Mr. Braswell had been representing the Commission at the planning meetings and thanked the Commission for its support.
- Los Angeles County has an estimated 60,000 cases of HIV/AIDS, or somewhat more than a third of those in the State. An estimated 12,500-15,000 of the 60,000 do not know they are HIV+. Data presented is preliminary. Two collection systems now contribute the data due to a system change in 2004. Rapid testing was also introduced in 2004.
- Because data is based on individual tests, rather than clients, duplication of clients is a limitation. Data from the previous system cannot be unduplicated while cleaning is in progress for later data. Risks are self-reported for the last two years or from the last test.
- Risk assessments and tests have declined slightly from 2005 to 2006, as have new disclosures. Positives have increased, with a positivity rate of 1.76%, 1.51% for new positives, both of which are increased from 1.36% and 1.10% respectively.
- The County has a 95% goal for positive disclosure rate, e.g., those testing positive who receive their results. While the rate is 89.5% for rapid tests in which individuals receive their results within about 20 minutes, the rate goes down to 53.8% for those who return for confirmatory tests. There are many possible causes, like people going to their own physicians, but the difference is being investigated.
- Confidential testing has increased over the years to nearly 80%, which improves notification efforts. Women were 36% of those tested in 2005 and 30% in 2006. Men were 63% in 2005 and 69% in 2006. Transgenders were tested at very low rates in both years, though they had notable positive rates.
- The main racial testing groups are: white, 24 and 29% in 2005 and 2006, respectively; African-American, 29 and 22%, Latino-Hispanic, 36 and 38%, Asian-Pacific Islanders 6% in both years, American Indian-Native American 1%, and others 4%.
- Among CDC risk categories, those reporting no identified risk have declined from 35% in 2005 to 26% in 2006. The majority of testers are in the three MSM categories that include MSM/IDU and MSM/W.
- The majority of tests are in SPA 4, 6 and 3, with a recent decrease in 6. Ms. DeAugustine noted that Long Beach testing is not included in SPA 8, so the complete numbers would be higher. Ms. Rumanes added that City of Pasadena numbers are also not included.
- There has been an increase from 77 to 83% in confidential testing. Of new positives, 79 and 86% were male in 2005 and 2006 respectively, 15 and 12% were female, and 6 and 2% were transgenders. About 60% of those testing are between the ages of 20 and 39, with about a quarter between the ages of 40 and 49. The percentage of youth went up when rapid testing began, but the numbers have since leveled off.
- New HIV positives by race: white has increased from 19 to 24 percent; Latino/Hispanic has increased from 44 to 45 percent; Asian-Pacific Islander has increased from 4 to 6 percent; others have increased from 2 to 3 percent; American Indian/Alaska Native has remained the same at 1 percent; and African-Americans have decreased from 30 to 21 percent.
- The majority of new positives are in SPA 4, 8 and 2, all of which increased between 2005 and 2006. SPAs 1 and 5 also increased. SPAs 3, 6, and 7 decreased. While about 25% of those testing were MSM, 54% of new positives are MSM. Among MSM/W, 14% identify as heterosexual, 17% as gay/lesbian, while 69% identify as bisexual.
- Among the 43% identifying no risk, 41% are males and 2% are females. The primary races represented were: 47% Latino/a, 28% African-American, and 16% White. SPAs represented were: 41%, SPA 4; 23%, SPA 2; and 15%, SPA 6. Sexual orientation was reported as 86% heterosexual, 9% gay/lesbian, and 5% bisexual.
- There were 12% women testing positive in 2006. Of those, 37% were African-American and 33% Latina. Women at Sexual Risk constitute 81% of new positives, and IDUs, 15%. The highest number of partners reported was 100 and 26% reporting 10 or more partners. Reasons women chose to test were: 52% due to risky behavior, 19% re-confirming a previous positive test, 9% due to a past HIV+ partner, and 9% for other reasons.
- Positivity rates were highest for transgenders and transgender/IDUs, 5.84%; MSM/IDU, 5.04%; and MSM, 3.22%. New positive rates were higher among rapid testers, 69%, than standard, 31%.
- The number of tests declined somewhat among community-based testers, although changes in system reporting, a reduction in the number of sites and the introduction of rapid testing are considered to influence those numbers. Even so,

the positivity rate has increased, indicating the targeted testing is reaching those most at risk. Since 2000, OAPP-funded testing programs have identified over 5,188 new positives.

- Issues that OAPP has asked the PPC to consider are the proportion of funding that should go to HCT, what models are most effective, how the data can inform planning, and how routine and targeted testing can complement each other.
- Mr. Hamilton felt the community misunderstood HCT. He said many people do not return for confirmatory tests and asked about ways to address that, especially through rapid confirmatory tests. Ms. Rumanes replied the CDC has approved one method, a confirmatory Western Blot test. Some countries use two rapid tests to confirm, and the CDC is funding Los Angeles County and San Francisco to test that algorithm. The study will begin in July or August.
- Mr. Land noted the County epidemic appears to differ from the national epidemic. How do our sites identify special population needs and how do we represent our differences nationally? Ms. Rumanes replied that routine testing helped to normalize HIV testing and OAPP works with agencies to identify hot spots. Nationally, the federal administration strongly supports increased testing.
- Mr. Giugni said the PPC received this presentation in May and he remained concerned that, while there is an effort to target high risk populations, the highest risk population, these aside from transgenders, is MSMs. While they made up 36% of tests in 2006, they made up 70% of HIV+. Ms. Rumanes agreed that more focused emphasis is needed.
- Dr. Frye said he was concerned about false test results. Those who are HIV+ may not return because they are not ready to address the issue or go elsewhere. False negatives, however, are likely to endure mental distress. Specificity for oral rapid tests is half that of finger stick rapid tests. At one time, both were used as confirmatory methods. Ms. Rumanes said false positives were low. It was an issue several years ago, but has improved and continues to be a focus.
- Mr. Skinner noted the drop in both African-American testing and positives. Ms. Rumanes said the data was still preliminary. There are also PPC and OAPP efforts to increase targeting. Ms. Chavers indicated that there had been an increase in the 2004-20005 of 7%, so the 2006 data may be an anomaly.
- Mr. Ballesteros said the slides indicated a decrease from about 70,000 in 2000-2003, yet the positivity rate has increased. He wondered if there would be more actual positives with a greater number of tests. Ms. Rumanes said STD clinics are continuing to provide tests—data which is not included in this presentation—though the seropositivity rate is low
- Ms. DeAugustine said higher positivity with a lower number of tests indicates good targeting. She asked whether State legislation required Western Blot as the confirmatory test. If so, the law would need to be changed for another method. Dr. Frye said Dr. Berenson, CDC, first announced the rapid test as confirmatory, but later pulled back. He noted there was a problem with home rapid testing because it could deter people from coming into care.
- Ms. Granai, SPA 1 Coordinator, said that there are barriers in education, with no access to high schools, no billboards and no advertising because the area is so conservative. There are no night testing sites. While the absolute numbers are small, both tests and positive tests have gone up significantly. There is only one HCT-dedicated person who is recruiting people for testing, even though SPA #1 has one of the highest teen pregnancy rates in the County. She is concerned about fee-for-service because the absolute numbers are small.
- Mr. Johnson said he realized that targeted testing was cost-effective, but was concerned that broader testing could identify additional populations in need. Mr. Engeran said that AB 8682 would remove the requirement for a separate written consent, and has passed the Assembly unanimously.
- Mr. Hamilton asked how awareness events affect the ability to identify new positives. Ms. Rumanes replied that they are effective in educating the community about the importance of knowing HIV status. There are increases in testing, positives identified, calls to California AIDS Hotline, counseling and partner identification. Mr. Hamilton noted that at the last World AIDS Day, many people had to be turned away from some testing sites. He wondered if it had a negative effect on the ability to reach the most impacted. Ms. Rumanes said, while universal testing was good, there are funding limits and work continues to balance needs.
- Ms. Watt said there had been a change in Prevention Plan allocations because funding decreased. That is something that would be reviewed for the next plan. Mr. Pérez noted that testing week activities would take place in 15 zip codes with at least one activity in each SPA.
- ➡ Ms. Watt asked what percentage of tests is funded by OAPP as opposed to other sources. Ms. Rumanes said she would get the information for the Commission.
- ➡ Ms. Rumanes will report back to the Commission on the data from STD clinics once OAPP receives it.

B. Year 17 Part A Supplemental Award:

- Mr. Pérez reported a net increase over last year. The application received a score of 98 out of a possible 100. He called attention to the memorandum, also in the packet, confirming the awards to the Health Deputies. He also noted a typo on the second line of the table in the memorandum, which reads “Formula” rather than “Supplemental”. The Part B award from the State has also been received, which is a slight increase.

- Mr. Pérez confirmed that the Year 17 investment in services is as sound as possible, and in accord with Commission priorities. He emphasized that this is a transition year. Awards are being received in the fourth month of the grant year, with little time for providers to adjust to changes. OAPP is working to maintain the system through this transition.
- He had hoped to have a final plan for Year 17 for this Commission meeting, but was unable to receive confirmation from County leadership in time. It should be finalized within the upcoming weeks. Because the providers need to be advised as quickly as possible, notice will be sent out to them prior to the July Commission meeting.

C. Year 17 Minority AIDS Initiative (MAI): Mr. Pérez reported that Dr. Green, his team, Commission staff and several Commissioners completed the MAI application for \$10 million. The request is a four-fold increase to better address the growing need in the County. Those results should be received sometime in July for an August 1st start date. The work the Commission did last year in reshaping the investment to support EIP, Oral Health and Case Management helped create a strong application. Mr. Braswell thanked Dr. Green on behalf of the Commission.

13. HIV EPIDEMIOLOGY PROGRAM REPORT: Dr. Frye reported that there were about 6,000 named HIV cases reported as of the end of April. The Program is on track to reach about the same level as coded reporting had reached. Supplemental funds have been requested from the CDC to ensure maintenance of effort. It looks as if the Governor will keep \$2 million in the budget for names reporting. Dr. Frye said they were averaging about 500 cases a month, but hope to increase that if State monies are received.

14. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Mr. Giugni said the PPC met June 7th and Dr. Frye updated them on HIV reporting. There were also presentations on Counseling and Testing Week, and by Act Now Against Meth on how best to address the epidemic in the County. The recommendations will be incorporated into the 2009-2015 Prevention Plan. The City of West Hollywood has begun working with OAPP on the LACHNA assessment.
- Ms. Rumanes, PPC Co-Chair, reported that OAPP prevention contracts had been renewed for the 2007-2008 cycle. OAPP utilized recommendations from the PPC Crystal Meth Task Force, the PPC African-American MSM Task Force and the PPC HIV Counseling Work Group. These resulted in augmentation of existing programs and some new programs.
- The African-American MSM Task Force recommendations resulted in funding for In The Meantime, for health education risk reduction programs, and for Minority AIDS Project (MAP). HIV Counseling Work Group recommendations resulted in funds for new programs at MAP for HCT targeting African-American MSMs, and at Women Alive targeting African-American and Latina women and their partners. Augmented programs are at AHF, at El Centro Pueblo and at MAP.
- Recommendations from the Crystal Meth Task Force resulted in new programs at the LA Gay and Lesbian Center addressing crystal meth and at Van Ness Recovery House for contingency management. Augmented programs were at APLA for California Drug Consultants and at Cal/Long Beach for behavioral science.

15. TASK FORCE REPORTS:

A. Commission Task Forces: Ms. Barrios-Cernik reported on the HIV Drug and Alcohol Task Force. There will be training on July 9th, "Violence, Substances and HIV". CEUs will be available for counselor certification. The past week, there was a training on "LGBT, Substances and Recovery". Over 100 people attended. Ms. Watt added that several providers at the training last week said they had had difficulty with agencies who refused to permit transgenders to be registered according to their preferences. Trainings like these provide critical support.

B. Community Task Forces: There were no reports.

16. SPA/DISTRICT REPORTS:

- **SPA #1:** Ms. Granai thanked Ms. Rotenberg for developing a SPN reporting format. Their meeting was June 13th. LA Valley Pride presented on available services. Antelope Valley Gay and Lesbian Center plans greater involvement in the SPA. Better interaction with Lancaster is a focus and an open house is planned June 30th. Providers are encouraged to submit Commission applications.
- **SPA #2:** Ms. Sanchez reported that at the June 7th, meeting it was agreed to change the meeting date in order not to conflict with the PPC meeting. The San Fernando Valley HIV/AIDS Consortium did want the Commission to know, however, that the Consortium has been meeting since the early 1990s and there was resistance to changing the date. The new date has been narrowed to two possibilities. A new Crystal Meth Task Force will begin meeting in July. She also noted that the Valley Clinic in North Hollywood is no longer funded by OAPP for HCT.
- **SPA #4:** Ms. Rotenberg reported there was a presentation from Abbot Laboratories on provider burnout at their May 17th meeting. She thanked the Commission for their regular reports. The CAB also met in May and discussed both provider and

consumer Commission seats. They will continue discussion with the Commission to develop better guidance on candidates. There is an effort to increase consumer participation in the CAB. There was discussion about the HCT initiative and a number of activities have developed out of informal collaboration. The next meeting will be June 21st at the JWCH offices.

- **SPA #5:** Ms. Fisher reported a list of potential LACHNA sites was developed at the last meeting and will be provided to OAPP. They also worked on outreach coordination for HIV Testing Week. They were very pleased that the Commission successfully supported the State MAI application. PALS provided staff transition training. The CAB meeting discussed consumer concerns that will be disseminated to agencies. An agency is also being invited to the next CAB meeting to receive direct input from consumers. The next SPN meeting will be July 3rd. The next CAB meeting will be June 19th. Commission candidates for the consumer and alternate seats have been identified.
- **SPA #7:** Ms. Leon said there was discussion at the May 25th meeting of a gap in their Coordinated Service Plan and interest in increasing locations. Latino clubs have begun to hold gay nights, a CAB has been formed in coordination with Oldtimers Foundation that will hold its first meeting on June 17th. An application has been submitted for the Commission provider seat. LA CADA has beds for six people. AltaMed will hold their 1st Annual Art for Life Youth Forum June 30th. The next meeting will be June 22nd, at the Citadel, from 1:00 to 3:00 p.m.
- **SPA #8:** Ms. DeAugustine reported the meeting has moved to the 3rd Wednesday of the month, 11:00 a.m. to 1:00 p.m., at the Long Beach Department of Health on Cherry Avenue. The majority of the last meeting was devoted to Part 1 of Needs Assessment with Part 2 scheduled for the next meeting. They look forward to the Commission attending in July or August to present Case Management information.
- ➡ Mr. Land suggested adding the SPA meetings to the Commission calendar. Mr. Vincent-Jones agreed that they would start doing so in subsequent versions of the calendar.
- ➡ It was agreed that reports would include both SPN and CAB meetings for those SPAs that have both.

17. STANDING COMMITTEE REPORTS: Ms. Schwartz would be stepping down as Co-Chair due to time conflicts. Nominations for the Co-Chair would be opened at the next meeting.

A. Public Policy Committee:

1. **NCC COLA Increase:** Mr. Vincent-Jones called attention to the Public Health request for a COLA increase in the amount of NCC allocated to OAPP. He said a Commission letter of support would be prepared and e-mailed to other agencies once sent. He said support was important. Even with the good Part A award news, that only brings the County back to the level of the \$2 million cut level from the prior year.
2. **Joint Public Policy Committee:** Mr. Engeran called attention to the By-Laws adjustments necessary to accommodate a joint Committee. The By-Laws change will be out for public comment for 30 days and a motion will be brought forward next month. Comments are encouraged to ensure the newly merged Committee will work more smoothly than it did last time. Ms. Schwartz said there was overwhelming support in the Committee for the change. The PPC, which proposed the merger, will also be discussing how best to accomplish the change.
3. **AB 1334: Corrections/Condoms (Swanson):** The bill would allow nonprofit health care agencies to distribute sexual barrier devices in prisons. It stipulates that possession of them is not a crime, though the bill does not encourage prison sexual activity. The only difference from last year's bill by the Assemblymember Koretz (that was vetoed by the Governor) is additional language to address the Governor's concern that the bill could be interpreted to obviate the prohibition of sexual activity in prison.
MOTION #4: Support AB 1334 (Condoms in Correctional Settings, Swanson), as presented (*Passed by consensus*).
4. **S 860: ETHA/Early Treatment for HIV Act (Smith):**
 - This federal bill amends Title XIX of the Social Security Act to permit states the option to provide Medicaid coverage for PWHIV. Only PWAs are currently covered.
 - Mr. Goodman said that expense was considered a big concern. The GAO report was strongly against the change. A Stanford/Rand Corporation report used a different method that emphasized savings from early treatment. Ms. DeAugustine wondered if the bill might unintentionally cause a shift of funding to Medicaid.
 - Ms. Schwartz noted that there has been some concern about potential implications for Ryan White since it covers undocumented individuals, but Medicaid does not. Ryan White could become known as health care for the undocumented, which could have funding implications. Mr. Land was concerned about gaps analysis if Ryan White funding were to decrease. Mr. Skinner asked if Ryan White funds could be freed up. Ms. Schwartz said either outcome is a possibility.
 - Mr. Orozco asked if it would affect share of cost. Mr. Goodman replied that states now determine their contributions, which would remain the same. It would, however, provide incentives for states with poor Medicaid systems to improve them.
 - While supportive of the bill, Mr. O'Brien said it was important to recognize that it could cause a massive shift of people from a well-funded Ryan White to a historically underfunded program that lacks supportive services. Shifts

to entitlement programs are generally good but, while California's Medicaid program is good, it now pays much less than Ryan White for an HIV client. If enacted, advocacy for Medicaid system enhancement would be critical.

- Mr. Vincent-Jones said both the Committee and planning councils at the Managing Scarcity Conference agreed that the bill was important, even as potential consequences need to be watched. While the Commission has not taken a position on this bill, it did support a Koretz bill requesting the State to petition the federal government on this action several years earlier.
- Mr. Engeran said that, with better treatments, it is important to move toward addressing HIV disease as a continuum rather than segregating HIV from AIDS. This is a step in that direction, albeit, he indicated, one unlikely to actually become law. He added it would also strongly enhance rural care where Ryan White funding was often unavailable.
- Mr. Goodman said this is a key focus of the National Association of People With AIDS (NAPWA). In addition to NAPWA, many other consumer organizations like Project Inform also strongly support this policy shift. Mr. Johnson supports the mindset change, but felt there were too many unknowns to support it without caveats.
- Mr. O'Brien clarified that this federal legislation only enables individual states to choose to include PWHIV in their Medicaid programs if they enact state legislation to do so. It would benefit many states. The Commission should engage the discussion further, if federal legislation passed and California began to enact it.

MOTION #4A: (Land) Amend S 860 to be endorsed with the understanding that a plan be developed within 90 days to establish benchmarks based on the Commission's discussion (**Failed due to lack of second**).

MOTION #4B: (Johnson/Land) Postpone vote on this legislation for 30 days and ask the Public Policy Committee to return with three or four conditions for approval (**Failed: 2 Ayes; 16 Opposed; 5 Abstentions**).

MOTION #5: Support S 860 (ETHA/Early Treatment for HIV Act, Smith), as presented (**Passed: 22 Ayes; 0 Opposed; 1 Abstention**).

5. **AB 66: Inmate HIV Testing (Dymally):**

- Ms. Schwartz reported that the bill would be returned to the Committee the following week to review recent amendments. It will be brought back to the Commission the following month with the Committee's recommendation. Meanwhile, Commissioners are encouraged to review the bill.
- Next week's Public Policy meeting will be Wednesday at 1:30 p.m. The Committee will break at 3:00 p.m. in order to hold a Ryan White Subcommittee from 3:00 to 5:00 p.m. In future, the Committee time will be reduced to from 1:00 to 2:30 p.m., followed by the Ryan White Subcommittee from 2:30 to 4:30 p.m.
- In addition to the Ryan White Subcommittee meetings following the monthly Committee meetings, Mr. Engeran noted there will be Subcommittee meetings from 7:00 to 9:00 a.m. prior to the Commission meetings.
- Mr. Liso, Gateway Project, spoke in favor of mandatory prison testing for HIV, as well as other things. He felt that was an opportunity to catch conditions, initiate treatment, and provide referrals on release. Mr. Engeran encouraged Mr. Liso to attend the Committee meeting. He noted the subject was often discussed and a forum was planned sometime after the summer on testing and other prison issues.

B. Operations Committee:

1. **Member Nominations:** Ms. Baumbauer presented the nominations for approval. Mr. Vincent-Jones noted that Mr. Goodman's seat was changing from the Consumer to the Provider SPA #5 seat.

MOTION #6: Forward the nominations of Jeff Goodman and Sharon Chamberlain to the Board of Supervisors for appointment to the SPA # 5 Provider representative and SPA #5 Provider representative, Alternate seats, respectively (**Passed by consensus**).

2. **Member Duty Statements:** Ms. Baumbauer presented the Part B Representative Member Duty Statement for public comment. It will come up for vote at the July meeting.
3. **Membership Recruitment:** Recruitment is ongoing.

C. Priorities & Planning (P&P) Committee: Mr. Goodman said priority-setting for Year 18 would be discussed and voted at the meeting on June 26th at 1:30 p.m. All service categories will be discussed and all are welcome to participate.

1. **HRSA Service Descriptions:**

- Mr. Goodman reported that HRSA has brought forward definitions of "Medical" and "Non-Medical" (which the Commission calls "Psychosocial") Case Management. The definitions are in the packet. Paragraph L. discusses Medical Case Management and lists specific activities. Paragraph N. discusses Non-Medical (Psychosocial) Case Management. While it includes advice and assistance in the broadest range of services, it excludes coordination and follow-up of medical treatments.
- These definitions are consistent with the position taken by the Commission on these subjects. Mr. Nollado stated that he disagreed with the Commission's conclusions on this matter. Because HRSA provided these definitions following the last Commission meeting, the motion is to rescind the May 10th motion requesting such definitions.

MOTION #3: Rescind motion from May 10, 2007 Commission meeting to send letter to HRSA requesting further guidance and clarification on case management services (*requires two-thirds vote*) (***Passed by Consensus***).

2. **Unmet Need Plan:** Mr. Goodman called attention to the Unmet Need Plan in the packet. Mr. Vincent-Jones said it was unnecessary to approve the Plan, though the Commission could do so if it chose. The Plan presented is a refinement with timelines of the summary approved at the Annual Meeting.
3. **Systems Thinking:**
 - Mr. Vincent-Jones noted outcomes from the training were being finalized and would be brought forward for incorporation into the planning process in the next month or two. Ms. Granai noted that that an evaluation form had been sent out and should be returned as soon as possible.
 - Mr. Alexander asked for information. Mr. Goodman replied that it was a method of reviewing entire systems of care that was presented over the course of four days in April and May under a technical assistance grant from HRSA.

D. Standards of Care (SOC) Committee:

1. **Special Population Guidelines:**
 - Ms. Palmeros presented drafts of the Special Populations Guidelines/Recommendations for Women and Special Populations Guidelines/Recommendations for Transgenders. These were developed through the expert panel process to inform Best Practices for the Standards of Care. They are being placed out for public comment before being brought back for approval.
 - Mr. Johnson asked about the diversity of transgenders on the panel. Mr. Vincent-Jones said he believed they were male-to-female, but female-to-male concerns were discussed. There was also discussion on transgender training for medical providers.

18. **COMMISSION COMMENT:** Mr. Hamilton commended the Commission for working better together for the benefit of PWH/A. He continued that it was often difficult to attract Commission candidates and asked if SPN Coordinators could apply. Mr. Vincent-Jones confirmed that they could.

19. ANNOUNCEMENTS:

- Ms. Watt noted that the PPC meeting had been changed from July 5th to July 10th. New PPC brochures were available.
- Ms. Schwartz noted that the Public Policy Committee meets at the Commission offices, as do the other committees.
- Ms. Woodard reported that their CAB meeting was the third Wednesday of the month from 12:00 to 2:00 p.m.
- Mr. Acosta announced that the LA Gay and Lesbian Center held a successful AIDS Life Cycle. He and other prevention staff visited one of the stops to reinforce prevention and education.
- Ms. Schwartz announced that Ferd Eggan, former City of Los Angeles AIDS Coordinator and long active in the HIV/AIDS community, would be honored at the Los Angeles City Council Meeting on Wednesday, June 20th. The meeting, held at City Hall, begins at 10:00 a.m. An invitation was included in the packet.

20. **ADJOURNMENT:** Mr. Braswell adjourned the meeting at 12:55 p.m. in memory of: Wilma Allen, Ray Lucero, Frank McGinnis and Milton Earl White, Jr.

A. Roll Call (Present): Bailey, Ballesteros, Baumbauer, Braswell, DeAugustine, Engeran, Frye, Giugni, Goodman, Hamilton, Johnson, King, Land, Nollado, O'Brien, Orozco, Page, Palmeros, Mario Pérez, Schwartz, Skinner, Varela, Watt, Woodard, Younai

Commission on HIV Meeting Minutes

June 14, 2007

Page 10 of 10

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order with the following changes: movement of Item 7C, HRSA Case Management Communication and accompanying Motion 3, to the Priorities & Planning Committee Item 17C1, HRSA Service Descriptions; and deferral of Items 11, B and C until arrival of Mario Pérez.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the May 10, 2007 Commission meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Rescind motion from May 10, 2007 Commission meeting to send letter to HRSA requesting further guidance and clarification on case management services (<i>requires two-thirds vote</i>).	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4: Support AB 1334 (Condoms in Correctional Settings, Swanson), as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4A: (<i>Land</i>) Amend S 860 to be endorsed with the understanding that a plan be developed within 90 days to established benchmarks based on the Commission's discussion.	<i>Failed due to lack of second</i>	MOTION FAILED
MOTION #4B: (<i>Johnson/Land</i>) Postpone vote on this legislation for 30 days and ask the Public Policy Committee to return with three or four conditions for approval.	<i>Ayes:</i> Johnson, Land <i>Opposed:</i> Acosta, Bailey, Ballesteros, Baumbauer, Braswell, DeAugustine, Engeran, Giugni, Goodman, Hamilton, King, Nollado, O'Brien, Schwartz, Skinner, Woodard <i>Abstentions:</i> Orozco, Page, Palmeros, Varela, Younai	MOTION FAILED <i>Ayes:</i> 2 <i>Opposed:</i> 16 <i>Abstentions:</i> 5
MOTION #5: Support S 860 (ETHA/Early Treatment for HIV Act, Smith), as presented.	<i>Ayes:</i> Acosta, Bailey, Ballesteros, Baumbauer, Braswell, DeAugustine, Engeran, Giugni, Goodman, Hamilton, Johnson, King, Nollado, O'Brien, Orozco, Page, Palmeros, Schwartz, Skinner, Varela, Woodard, Younai <i>Opposed:</i> None <i>Abstentions:</i> Land	MOTION PASSED <i>Ayes:</i> 22 <i>Opposed:</i> 0 <i>Abstentions:</i> 1
MOTION #6: Forward the nominations of Jeff Goodman and Sharon Chamberlain to the Board of Supervisors for appointment to the SPA # 5 Provider representative and SPA #5 Provider representative, Alternate seats, respectively.	<i>Passed by Consensus</i>	MOTION PASSED